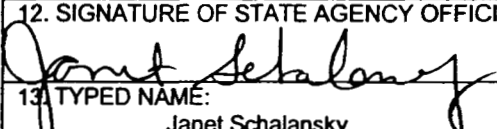
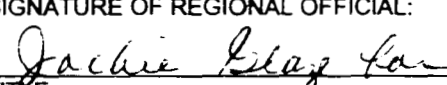


Kansas (02-14)
Approved: 07/26/02
Effective: 04/01/02

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #02-14	2. STATE: Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT a. FFY 2002 \$ 0 b. FFY 2003 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Replacement Page Attachment 3.1-A #6.c.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Replacement Page Attachment 3.1-A #6.c.	
10. SUBJECT OF AMENDMENT: Chiropractic Services Limitations			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: 05/23/02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 06/04/02		18. DATE APPROVED: JUL 25 2002	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/02		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS: cc: Schalansky Day/Haverkamp CO DSG/DIATA SPA CONTROL Date Submitted: 05/23/02 Date Received: 06/04/02			

KANSAS MEDICAID STATE PLAN

Replacement Page
~~Attachment 3.1-A~~
~~#6.c.~~

Chiropractic Services Limitations

~~Services are limited to one chiropractic history and physical per calendar year unless medical necessity justifies more.~~

~~Collection and handling of a laboratory specimen for transfer to a laboratory is noncovered.~~

~~See Attachment 3.1-A, #4.b. for Chiropractic service limitations for children under 21 years of age.~~

TN #MS 02-14 Approval Date JUL 26 2002 Effective Date 7/1/96 Supersedes #MS 96-08



KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

JANET SCHALANSKY, SECRETARY

Docking State Office Bldg.
Room 651 South

Health Care Policy / Medical Policy
Robert Day, Director

Phone: (785) 296-3981
Fax: (785) 296-4813

May 14, 2002

Mr. Thomas Lenz
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Building
601 E. 12th Street
Kansas City, MO 64106

re: Kansas Medicaid Program: Proposed State Plan Amendment (SPAs) #02-14 re:
Chiropractic Services Limitations

Dear Mr. Lenz:

Attached for your review and approval is State Plan Amendment (SPA) #02-14 deleting Chiropractic Services Limitations from the State Plan service. Due to implementation of HIPAA we needed to review the local code usage to determine how we would handle the billing procedures. During the course of that review, we determined we would delete the service altogether due to low utilization rates. Effective April 1, 2002, procedure code Y1501 (Chiropractic history and physical) will be non-covered. Crossover claims from Medicare are the only chiropractic services covered.

If you or your staff have any questions regarding this proposed SPA please contact Rita Haverkamp at (785) 296-5107.

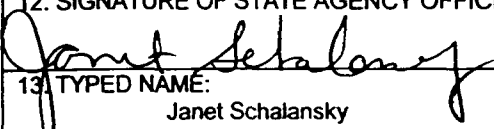
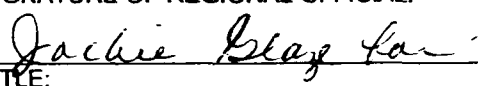
Sincerely,

A handwritten signature in black ink, appearing to read "Janet Schalansky".
Janet Schalansky
Secretary

JS/RH/rh
Attachments

cc: Kim Brink
SRS File Copy

Kansas (02-14)
Approved: 07/26/02
Effective: 04/01/02

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KANSAS MEDICAID STATE PLAN

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May 14, 2002

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